24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

SCHEDULE E)	PAGE 1 OF 5 FOR SE OF FORM 24/48
NAME OF COMMITTE (In Full) FEC IDENTIFICATION NUMBER ▼	
American Hospital Association PAC	C C00106146
Check If 24-hour report X 48-hour report New report X Amends report filed on	09 28 2012
Full Name (Last, First, Middle Initial) of Payee Mentzer Media Services, Inc. Date	
Mailing Address 600 Fairmount Avenue	M 09 / 26 / Y 2012
Suite 306	mount
City State Zip Code	179800.00
Towson MD 21286	ansaction ID : 20364977
Purpose of Expenditure Television and Radio Advertising Category/ Type Office S	Sought: House State: LA Senate District: 03
Name of Federal Candidate Supported or Opposed by Expenditure: Rep. Charles W. Boustany Jr. Check	One: President Oppose
Calendar Year-To-Date Per Election for Office Sought Disburs 2012	ement For: Primary General Other (specify)
Full Name (Last, First, Middle Initial) of Payee McCarthy Hennings Media, Inc.	0ate
Mailing Address 1850 M Street, NW	20 2012
Suite 235	mount
City State Zip Code Washington DC 20036	11537.61 ansaction ID : 20364999
Purpose of Expenditure Television Production Category/ Type Office S	
Name of Federal Candidate Supported or Opposed by Expenditure: Rep. Charles W. Boustany Jr. Check	One: President Oppose
Calendar Year-To-Date Per Election for Office Sought Disburs 2012	ement For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	191337.61
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Ms. Melinda Hatton [Electronically Filed] Date 10	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	